Place of Business, 1201

Board of Health City of Baltimore, 14
OFFICE REGISTRAR OF VITAL STATISTICS. The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, according to the Undertaker or other person superintending the bands, thin succenturfour hours after the death of said do eased concr., if requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, July 29 1887
Full Name of Deceased, { Write legibly and spell occreety, it an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not } Hernele
Age, 40 Years, 4 Months, 25 - Days. Color, White
Married, Single, Widow or Widower, {Cross out the words not} Married
Occupation, Wife
Birthplace, {State or country (and how long in the United States, ford Co. Ma
Duration of Residence in the City of Baltimore,
Place of Death, {Give street and} 508 S. Allington Arc. Salto. Ma (First (Primary,) Chivlesa Moshus
Cause of Death, Second (Immediate,) He art Jailene
Duration of Last Sickness, July 26 to July 29th All the above information should be forulahed by the Physician.
Place of Burial, Louden Park Tho Merickerson M. I.
Date of Burial, Chuly 31/84 M. I. Medical Attendant.
S Undertaker, Derry & Metchell Address Alington & Haslem
Place of Business, 1201 h fantles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children.

Place of Business,

Health Department Of Baltimore.
Permit No. 183/ Office of Regissiar of Ovitor Statistics. Ward 17 — The Physician who attended any person in a law like as, to respect the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the land within free to 1 wars after the death of said deceased, or sooner
if requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents. **The Control of Con
Sex, Male or Female, Cross out the word net; male
Age, Years, 3 Months, Days
Color, Colord
Married, Single, Widow or Widower, Cross out the words not required in this line.
Occupation, None
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Life
Place of Death, Give Street and 128 Clarkson alley
Cause of Death, { First (Primary), Dianhoea Second (Immediate), Imanistion
Duration of Last Sickness,
Place of Burial, Laurel leemetery
Date of Burial, July 29 /87 Thuns Alternas M. D
Undertaker, Samuel Whate Con MINTER

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Address,

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

Health Department City of Baltimore.

The Physician who attended any person in a last illnes, is esponsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours and the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained whence a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Dea	th,	July	29-1	1897		
Full Name of	Deceasea,	Write legibly and spell correctly. If an Infant not named, give names of parents.	Lilli	an G	Balt	3
Sex, Male or	Female, { requ	s out the word not }				
Age,	1	Years,	4	Months,	N	Days.
Color,		White			/	
Married, Sing	de, Widow o	r Widower, {Cross requi	out the words not }		1/	
Occupation,	i					
$Birth\ Place, \{$	State or country, an long in the United if of foreign birth.	od how States,	altimo	P.1		
Duration of	Residence in	the City of B	$altimore, \dots$	Life		
Place of Dea			//	berland	e st	
Cause of Dec	ath. ∫ First (Pr		con Con	vulsio	w	
Duration of		SS,furnished by the Physicia	9 d	- /		
Place of Bur	rial, he	onden	ban?			
Date of Bur	ial, Cm	ly 31 4	1881	These (& Sadth	Tr M. D.
∫ Undertaker	, 989	yough			Medical Att	
Place of 1	Business, 1	to be	Address	2100 Ar	and Hill	Are-

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause

[OVER.]

and date of death.

The Special Accention of Physicians is kespectivily invited to the kemarks below, and to list of Diseases on back of this Certificate.
Bealth Department, City of Baltimore.
office of registration of the
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within the day hours after the death of said deceased, or sooner, if requested so to do, under penalty of law. No Permit for Burial can be Obtained with its Propers Certificate.
CERTIFICATE OF DEATH.
Date of Death, July 30th 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Imant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, Years, Months, Days.
Color, White
Married, Single, Widow or Widower, {Cross out the words not } required in this line.
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore & days
Place of Death, (Give Street and) * 1208 & Sayette Street
Cause of Death, { First (Primary), Second (Immediate), Bowlesions
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, how Cathedral Comeley
Date of Burial, July 30-1887
J. Undertaker, Holmey W. Medical Attendant.
Place of Business, # 413 E. Hayelle & Address, # 2 1 Hisquith Street

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVEN.]

ern	it No. 1835 Office of Redistrar of Vital Scheties. Ward	7
	The Physician who attended any person in a last illness, is responsible for the production of this Certificate, according to the Undertaker or other person superintending the barial, within twenty-products after the death of said decreased quested so to do, under penalty of law. No Permit for Burial, can be Obtained thought the product the product of the product	rate l, or
	TO A MANAGEMENT	
	CERTIFICATE OF DEATH.	/
Da	de of Death, Write legibly and spell	, 9
Fu	The of Death, Write legibly and spell correctly. If an Infant not named, give names of parents. Male or Female, Cross out the word not present the specific of parents. Male or Female, Presuired in this line.	er
Sea	The state of the s	
Ag		<i>j</i> 1
Col	or, White	
Ma	rried, Single, Widow or Widower, Cross out the words not Single	
	upation, none	
Bi	th Place, {State or country, and how long in the United States, if of foreign birth.	
Du	ration of Residence in the City of Baltimore, July	
777	a D 17 (Give Street and) 1833 Wolf Lines Inland	
	(First (Primary), Dianhoed	
Ca	use of Death, Siret (Primary), Rianhoed Second (Immediate), Inanilian	
Do	ration of Last Sickness, one moulti	
	All the above information should be furnished by the Physician.	
Pl	ace of Burial, Mount White beenetry	
Do	te of Burial, July 30 /87 Jam & Sleway	
(Undertaker, 19 / Harle	,
1	Place of Business, Address, Ours How	

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause

and date of death.

Harlth	Department,	With of	Bultimore	,
	Office of Registra			7-
The Physician who attended to the Undertaker or other person	any person in a last illness, is res superintending the barial, within	poinsit. In the present the next four hours all	ation of this Certificate,	accurately filled out, ased, or sooner, if
requested so to do, under behalty o	III FOR BURIAL CAN BE OFTAIL	一一 リリ (温度) .		C
CER	RTIFICATE	OPD	EATH.	
Date of Death,	Edv	- Morri	Tuly	29/9
Full Name of Deceased,	Write legibly and spell correctly. If an Infant not named, give names of parents.	Edward &	Uorusu au	arison
Sex, Male or Female, { req		6 Month	<i>is</i> ,	6 Days.
Age, Color,	Years,	Col	Porrl	Dags.
Married, Single, Widow	or Widower, {Cross out the wo	$\left\{ \begin{array}{c} \operatorname{rds\ not} \\ \operatorname{line.} \end{array} \right\}$		1
Occupation,		-	0'2	
Birth Place, State or country, a long in the United if of foreign birth	and how a States, Stat		7 0	
$egin{aligned} Duration & of & Residence i \ Place & of & Death, egin{cases} ext{Give Street} & ext{Number.} \end{aligned}$, ,	19 East	in av	~
(First (P		Eutro	Coletis	\
Cause of Death, Second	(Immediate),	duru	nighti	<u> </u>
Duration of Last Sickner All the above information should b	e furnished by the Physician.	2 wrn	le	
Place of Burial, Laur	el bemolery	Men		
Date of Burial,	1150	S, Gill	nyEr	М. Д.
Undertaker,	3 Staroline A	11	Medical Atter	ndant.
Place of Business, #	10 caroline A	aaress, 7	~ / 42	

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Bealth Department, City of Baltimore.

Days.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the dual of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Physician who attended any person in a last illness, is responsible for the proportion of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within the styriour hours after the death of said deceased, or some interequested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 29 -	884
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.	r Schaible
Sex, Male or Female, {Cross out the word not }	Hemale ,
Age, 52 Years,	Months, Days.
Color, Mr.	hili
Married, Single, Widow or Widower, {Cross out the words not }	married
Occupation,	,
Birth Place, State or country, and how long in the United States, if of foreign birth.	Germany
Duration of Residence in the City of Baltimore,	wenty years
Place of Death, {Give Street and } 12346	Cager 26
Cause of Death, { Second (Immediate), Second (
Duration of Last Sickness, Gou	r duye
All the above information should be furnished by the Physician.	
Place of Burial, I alphonsus Ch	
Date of Burial, Pely 31 (87)	1.0.1.
(Undertaker, Hony Hick ales	Medical Attendant.
Place of Business, 1023 W Fentral Gadress &	for Eager foroline De

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

rne Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate	-
Bealth Department, City of Baltimore.	
Permit No. 1839 Office of Registerar of Visit Statistics. Ward The Physician who attended any person in a last illness, is responsible for the procession of this Certificate, accurately filled as to the Undertaker or other person superintending the burial, within two processings after the death of said deceased, or sooner,	if if
requested so to do, under benalty of law. No Permit for Burial can be Obtained without a Proper Certificate.	
CERTIFICATE OF DEATH.	
Date of Death, Write egibly and spoll (1) (1) to 1 Chart Plus	-
Full Name of Deceased, {Write egibly and spell correctly. If an Infant not named, give names of parents.	
Sex, Male or Female, {Cross out the word not } Age, Months,	3
Color, White	
Married, Single, Widow or Widower, {Cross out the words not } required in this line.	
Occupation, Birth Place, {State or country, and how long in the United States, if of foreign birth.	
Duration of Residence in the City of Baltimore,	
Place of Death, {Give Street and } (425)	
Cause of Death, { First (Primary), Elalera Infanty (Immediate), Second (Immediate),	_
Duration of Last Sickness, All the above information should be furnished by the Physician.	
Place of Burial, Thew Cathedral Date of Burial, July 31st 1887	
(Undertaker, How Entin roms Medical Attentions.	D.

Place of Business, Park & Sanatya Address, 220

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.